

a year ago Professor Cohen, of the University of Leeds, England, entered into communication with Dr. Dakin, a former student, regarding research on antiseptics for surgical use. The arrangement was that the substances elaborated by Professor Cohen should be tested bacteriologically by Dr. Dakin, and that the most promising should be tried clinically by Dr. Carrel.

At about the same time, under the auspices of an English medical research committee, a similar research by Prof. Lorrain Smith, with the assistance of Professor Drennan of the University of Otago, N. Z., Dr. Rettie, a chemical expert, and Lieutenant W. Campbell of the British army medical corps, was undertaken in the University of Edinburgh. Their results were reported in the British Medical Journal. The substance which they prepared was made by rubbing up chlorinated lime to a fine powder and mixing it with an equal weight of powdered boric acid. The ideal antiseptic for the field, they concluded, was a dry powder to be applied direct, which, it was believed, has advantage over a solution because it is more portable, and water is often not procurable.

Chlorinated lime, the basis of the so-called new antiseptic preparation, is well known as a powerful disinfectant. It is destructive to living tissues except in dilute solution. The same may be said of solution of chlorinated potash (Javelle water), which has been largely used by French surgeons in the present war, and of solution of chlorinated soda (Labarraque's solution). The advantage claimed for the new mixture is that the preparation, being practically neutral and unirritating to the tissues, may be applied in greater strength than that in which it is possible to use chlorinated lime, Javelle water or Labarraque's solution. Experiments indicate also that the germicidal activity of chlorinated lime is increased by such treatment of the calcium hypochlorite as has been described. Such increase in germicidal activity is generally attributed to the liberation of hypochlorous acid. It has been found that the activity of ordinary bleaching powder is greatly increasing by passing through it carbonic acid gas. Any other acid, as boric acid, will do as well. From the chemical point of view, therefore, says The Journal of the American Medical Association, there is nothing new in this method. That the practical application of such a mixture is not wholly new is proved by an earlier article published by Vincent in 1914. He suggested the application to ulcerating and gangrenous wounds of a mixture of chlorinated lime and boric acid.

RESTRICTED PRACTICE FOR DRUGLESS PRACTITIONERS.

Under the pretext that they were "not practicing medicine," so-called drugless practitioners have prevailed on the legislators of several states to pass laws granting them the privilege of obtaining licenses to treat the sick under educational standards that are lower than are required of physicians. In the majority of these states the law does not permit such practitioners to practice surgery or to prescribe drugs; they are supposed to limit their practice to the use of the method or system of treatment advocated by the particular cult to which they belong. This arrangement, in which the public interests are forgotten, if not deliberately set aside, is indefensible from every point of view according to The Journal of the American Medical Association. It is class legislation, since it provides unequal standards for different groups of practitioners of the healing art. The limitation of practice is dangerous, since those who undertake to treat the sick should be acquainted with all methods of treatment and be free to use the one which meets the immediate needs of the patient—to save his life, if it is an emergency case, the prompt administration of a drug may be essential. The arrangement is a

serious handicap to those drugless practitioners who honestly comply with its provisions, and places a premium on law-breaking, deceit and pretense for those who disregard the restrictions. In short, this scheme of restricted practice provides a limitation which does not limit; it adds to the confusion already existing in the licensing of physicians; it defeats the purpose of the medical practice act, and betrays the public to the hordes of those who are not qualified by training to know whether a patient is sick or well, to differentiate between diseases, to select and apply the treatment most likely to result in a cure, or to take such measures as will prevent the spread of a contagious disease to others. The only way to correct the evils of this bad arrangement, and at the same time safeguard the public welfare, is to require every practitioner of the healing art to meet certain minimum educational qualifications by which it can be known that he has obtained a satisfactory training in the fundamental medical sciences. The interests of the public should not be pushed aside in order to favor any body of practitioners, by whatever name they may be called.

CALIFORNIA.

Our Medical Schools as described by the Council on Medical Education, Journal A. M. A., August 21, 1915.

California, population 2,757,895, has six medical colleges. Three are located in San Francisco, a city of 448,502 inhabitants. They are Leland Stanford Junior University School of Medicine, College of Medicine of the University of California and the College of Physicians and Surgeons. The College of Physicians and Surgeons, Medical Department of the University of Southern California, is situated in Los Angeles, population 438,914. The Oakland College of Medicine and Surgery is in Oakland, population 183,002. The College of Medical Evangelists is located at Loma Linda, a village of 110 people.

To secure license to practice medicine in California under the "physician's and surgeon's" certificate, students matriculating in medical colleges in and after the session of 1915-16, prior to such matriculation, must have completed at least one year of recognized collegiate work including college courses in physics, chemistry, biology and a modern language. This applies to all graduates of 1919 and thereafter.

Berkeley-San Francisco.

University of California Medical School, University Campus, Berkeley; Second and Parnassus avenues, San Francisco.—Organized in 1863 as the Toland Medical College. The first class graduated in 1865. In 1872 it became the Medical Department of the University of California. In 1909 the College of Medicine of the University of Southern California, at Los Angeles, by legislative enactment, became a clinical department. This Los Angeles portion was changed to a graduate school in 1914. In 1915 the Hahnemann Medical College of the Pacific was merged and elective chairs in homeopathic materia medica and therapeutics were provided for. Two years of collegiate work are required for admission. The work of the first year and a half is given at Berkeley and the work of the last two and a half years at San Francisco. The faculty is composed of 23 professors and 72 associates and assistants, a total of 95. The course covers five years of nine months each, the fifth year to consist of an internship or of special work in a department of the medical school. Fees for the four years, respectively, are \$190, \$190, \$167 and \$167. The Dean is Dr. Herbert C. Moffitt, San Francisco. Total registration for 1914-15 was 133, graduates, 14. The forty-third session begins Aug. 13, 1915, and ends May 17, 1916. Class A.

Loma Linda, Los Angeles.

College of Medical Evangelists.—Organized in

1909. The faculty numbers 11. The first class graduated in 1914. The course extends over four years of nine months each. Two years of college work are required for admission. The total fees each year are \$136; matriculation fee, \$5, payable but once; graduation fee, \$10. President is Dr. Newton Evans. The total registration for 1914-15 was 63; graduates, 12. The seventh session begins Sept. 26, 1915, and ends June 15, 1916. Class C.

Los Angeles.

College of Physicians and Surgeons, Medical Department of the University of Southern California, 516 East Washington street.—Organized in 1903, first class graduated in 1905; became Medical Department, University of Southern California, Aug. 11, 1909. The course covers four years of nine months each. One year of collegiate work is required for admission. The faculty consists of 23 professors and 57 associate professors, lecturers and instructors, a total of 80. The fees for the four years, respectively, are \$185, \$182, \$160 and \$175. The Dean is Dr. Charles W. Bryson. The registration for 1914-15 was 132; graduates, 25. The next session begins Sept. 6, 1915, and ends June 7, 1916. Class B.

Oakland.

Oakland College of Medicine and Surgery, Thirty-first and Grove streets.—Organized in 1900, opened in 1902. The first class graduated in 1906. The faculty numbers 44. The course covers four years of nine months each, and the classes are limited to ten students each. The total fees for each of the four years, respectively, are \$185, \$190, \$150 and \$150. The Registrar is Dr. Edward N. Ewer. The total registration for 1914-15 was 12; graduates, 4. The fourteenth session begins Aug. 16, 1915, and ends June 1, 1916. Class B.

San Francisco.

College of Physicians and Surgeons, 344 Fourteenth street.—Organized in 1896. The first class graduated in 1897. The faculty numbers 30. The course covers four years of nine months each. The fees for each of the four years, respectively, are \$165, \$160, \$160 and \$185. The Dean is Dr. L. W. Spriggs. Registration for 1914-15 was 62; graduates, 8. The nineteenth session begins Sept. 6, 1915, and ends June 8, 1916. Class C.

San Francisco-Palo Alto.

Leland Stanford Junior University, School of Medicine, University Campus, Palo Alto, and Sacramento and Webster streets, San Francisco.—Organized in 1908 when, by an agreement, the interests of Cooper Medical College were taken over. The faculty consists of 42 professors and 54 lecturers, assistants, etc., a total of 96. Three years of collegiate work are required for admission. The course covers five years of nine months each, including a year of practical or intern work. The total fees for the first four years, respectively, are \$160, \$155, \$150 and \$150. The Dean is Dr. R. L. Wilbur, San Francisco. The total registration for 1914-15 was 95; graduates, 16. The sixth session begins Sept. 1, 1915, and ends May 22, 1916. Class A.

CANNING COMPOUNDS DANGEROUS TO HEALTH.

Office of Information, U. S. Dept. of Agriculture.

Information has come to the Department that the canning season has brought the usual demand on the part of housewives for salicylic acid and boric acid. These preparations are sometimes sold in the form of powder under various trade names and are recommended by the promoters for use in preserving canned goods in home canning. In the directions for use the housewife is told to fill the jar with the fruit or vegetables, cover with water, and add a teaspoonful of the preserving powder. While it is true that these compounds may retard

the decay of the fruit or vegetable, it is pointed out by the experts of the Department that their use may be attended by serious disturbances of health. Salicylic acid is well known as a poisonous substance, and one of the evils which may accompany its use is derangement of the digestion. It is therefore plain that its extensive use in food may lead to disturbance of digestion and health.

The Federal Food and Drugs Act prohibits the use of harmful preservatives in foods that enter interstate commerce. The food law of nearly every state in the Union forbids the sale within the state of foods that have been preserved with harmful substances. Neither the Federal or state food laws apply to foods that are canned in the home and consumed there. It would seem, however, that the housewife would not knowingly use, in the foods she provides for her family, substances that she could not use in foods for sale without violating the law, because these substances are injurious to health.

Artificial Preservatives Not Necessary.

Fruits and vegetables can be kept indefinitely if they are sterilized by heat and properly sealed, and there is no excuse, in the opinion of the experts of the Department, for running any risk by using preserving powders, which may be injurious to health. The use of such powders in addition to the possible injury to health encourages uncleanly or careless work in canning. Reliance is placed in the efficacy of the preserving compound instead of upon cleanliness and heat.

The Department has issued bulletins that give specific directions for the preserving and canning of fruits and vegetables without the use of preserving powders or canning compounds. These bulletins may be obtained without cost from the Department of Agriculture. Application should be made for Farmers' Bulletin, No. 203 on Canned Fruit, Preserves, and Jellies, and No. 521 on Canning Tomatoes at Home and in Club Work. Also Forms N. R. 22, N. R. 23, N. R. 24, N. R. 34 and N. R. 37 of the Office of Extension Work, North and West, States Relations Service.

NEW MEMBERS.

Wharton, Chas. G., Los Angeles.
Reiche, Cecilia, Los Angeles.
Pomeroy, J. L., Monrovia.
McNeil, Olga, Los Angeles.
McNeil, Lyle, Los Angeles.
Patric, Gladys E., Los Angeles.
Zochert, L. W., La Mesa.
Alexander, Chas. Bee, Alhambra.
Fishbaugh, E. C., Los Angeles.
Collins, Foster K., Los Angeles.
Boyer, Horace Russell, Glendale, Cal.
Hammon, Glenn M., Los Angeles.
Peters, Lulu H., Los Angeles.
Kahn, Maurice Guthman, Los Angeles.
Crane, Walter R., Los Angeles.
Harbaugh, Dorothy F., Santa Ana.
Moss, R. E., Riverside, Cal.
Jorgenson, N., Fresno.
Young, C. I., San Francisco.
Tweedie, Arthur Maurice, Newport Beach, Cal.
Ehle, H. B., Bieber, Cal.
Hoskins, G., Ferndale.
Oldenbourg, Louise A., Contra Costa, Cal.
Hyde, O. C., Lincoln, Cal.
Couture, A. N., Auburn, Cal.
Bacigalupi, David Eugene, San Francisco.

DEATHS.

Ross, T. D., San Luis Obispo.
Tyler, Hoell, Redlands, Cal.
Thompson, J. Emmett, San Francisco.
Wilson, Frank Pope, San Francisco.
Chenoweth, W. J. (died in Decatur, Ky.).
Sinclair, O. W., Eureka.